4. Other programmes under implementation to control malnutrition include (1) Universal lodization of salt (2) Provision of safe drinking water and environmental sanitation (3) Mobile medical services for inaccessible rural and tribal areas (4) Jawahar Rojgar Yojana etc. and (5) Several other rural development and poverty alleviation programmes.

**Ban on cola advertisements**

2063. SHRI B.K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have proposed to ban cola beverage advertisements both in print and electronic media terming them as a health hazard and a major cause of obesity in children;

(b) whether under the current code of I&B Ministry liquor, cigarettes, baby food and drugs are banned for airing in the print or electronic media; and

(c) whether Government are delaying the enforcement of ban on soft drinks industry due to intense lobbying by Cola sector?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir.

(b) Under the current advertising code of the I & B Ministry for cable services, liquor, cigarette and infant food cannot be advertised.

(c) No, Sir.

**Infant mortality rate in Vidarbha**

†2064. SHRI SANJAY RAUT:
SHRI DATTA MEGHE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have formulated any scheme to reduce the mortality rate of infants;

(b) if so, the steps taken to reduce mortality rate of infants in tribal areas especially Vidarbha region of Maharashtra;

(c) the names of States, where Government have implemented ambitious National Rural Health Mission initially; and

(d) the reasons for non-implementation of this scheme in tribal areas of Vidarbha region of Maharashtra?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir.

(b) Government of Maharashtra, has formulated following schemes to lessen the mortality rate of infants:

†Original notice of the question was received in Hindi.

1. The Navsanjivani Scheme is being implemented in the tribal areas of Maharashtra, which includes:

(i) Matrutva Anudan Yojana

(ii) Pada Volunteer Scheme

(iii) Flying Squad Scheme

(iv) Dai meeting scheme

(v) Admitting Grade III and IV children to hospitals;

In addition, the following schemes areas being implemented all over Maharashtra:

2. Rajmata Jijau Mata and Bal Health and Nutrition Mission has been established for decreasing the malnutrition and child deaths. Malnutrition and infant mortality rate have come down.

3. Integrated Child Development Scheme is being implemented under which all services are being given through anganwadi.

4. Under second phase of the Reproductive and Child Health (RCH-II) programme and National Rural Health Mission (NRHM) following schemes are being implemented to decrease the deaths of infants and children.

- Janani Surakasha Yojana: cash incentive for emergency medical and obstetric care is paid to Below Poverty Line (BPL), SC and ST pregnant mothers. In rural, areas, the incentive is Rs.700/-, in urban areas, the incentive is Rs.600/-. In all the fifteen tribal districts of the state, the quantum of the incentive is Rs.1400/- in the rural areas and Rs. 1000/- in the urban areas. In addition, the component of ASHA is implemented in the rural areas of these tribal districts, which at the current point in time is Rs.600/-.
- Integrated Management of Neonatal and Childhood Illnesses (IMNCI) is being implemented in 9 districts of the state and additional 11 districts are being added this year. Of these, the tribal districts are Chandrapur, Nandurbar, Thane, Amravati, Nasik and Gadchirolli.
- Village level referral scheme: for referral of pediatric and maternal emergencies.
- Sub centre strengthening project for referral of pediatric and maternal emergencies.

Provision of Ante Natal Care (ANC) for pregnant women by registration,' protecting the mothers fully with 2 doses of Tetanus Toxoid (TT) and Iron Folic Acid (IFA) tablets is being done. Involvement of Non Governmental Organizations (NGOs) and mobile medical units in provision of health care is an integral part of NRHM and RCH.

All of the above mentioned schemes are being implemented in the Vidarbha region of Maharashtra.

(c) The Government of India has implemented National Rural Health Mission programme in all the States and Union Territories of the country.

(d) Not applicable.

**Polio afflicted population**

2065. SHRI AMIR ALAM KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of cases of children who have been afflicted by polio P1/P3 virus despite administration of polio drops during the last two years, State-wise/ district-wise;

•(b) the preventive measures being taken by Government to ensure the effectiveness of the polio drops administered to the children to curb the polio cases in the country; and

. (c) the measures taken by Government in generating awareness amongst the masses for polio drops?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The number of cases of children who have been afflicted by polio P1/P3 virus during the last two years, State-wise/district-wise is given in Statement *(See* below).

(b) To ensure potency of Oral Polio Vaccine, the vaccines are tested by Central Drugs Laboratory (CDL)-Kasauli before their release to the states. The vaccine which is imported also subjected to test by CDL apart from the certification by the National Regulatory Authority of the country of origin.

(c) The Oral Polio Vaccine is most heat sensitive vaccine and therefore needs appropriate storage and transportation under cold chain conditions.

An elaborate cold chain system has been developed throughout the country for transportation and storage of oral polio vaccines at different levels.

- Walk in Cold Rooms and Walk in Freezer Rooms are supplied at State/ regional level to maintain a vaccine stock in appropriate temperature.
- Twin set of ice lined refrigerator (ILR) and Deep Freezer have been supplied to all Primary Health Centers (PHCs).
- In order to maintain the cold chain while carrying vaccine from PHCs to the out reach sites, vaccine carriers with ice packs are used.
- In order to ensure use of potent vaccine at the field level, Vaccine Vial Monitors (VVM) has been introduced from 1998. The VVMs are heat sensitive chemical which change colour if the vaccine is exposed to a higher temperature than recommended. This helps the vaccinators to use only the vaccine, which are potent and effective.
- For generating awareness among the public about polio every opportunity is utilized for mass media, (electronic and print media),